

## Construction Trades Qualifying Board **APPLICATION FOR** PERSONAL CERTIFICATION RETAKE EXAMINEES

### APPLICATION FEES

BUILDING/BUILDING SPECIALTIES PERSONAL CERTIFICATE.....

#### PERSONAL APPLICATION FEES JOURNEYMAN AND MAINTENANCEMAN...... \$ 240.00 MASTER AND INSTALLER..... \$315.00

ENGINEERING PERSONAL CERTIFICATE..... \$ 315.00

#### MAKE CHECK PAYABLE TO MIAMI-DADE COUNTY

Refunds may be granted only for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County. In those cases where a refund is applicable, there will be a non-refundable processing fee of \$80. Refund requests must be made in writing no later than six months from the exam date. Original receipt must be presented for a refund.

#### **APPLICATION SUBMITTAL**

Return this application and all supporting documents by mail to the Miami-Dade County Building Code Compliance Office, Contractor Licensing, 140 W. Flagler Street, Suite 1603, Miami, FL 33130-1563. You may also hand deliver documents to Contractor Licensing located on the 16<sup>th</sup> floor of the same building. If you have questions, please contact one of the following Contractor Licensing staff at (305) 375-2901.

Licensing Clerk	Dorothy Woon
Licensing Clerk	Valease Floyd
Licensing Clerk	Lourdes Maytin
Licensing Clerk	Alison Corvetto
Licensing Clerk	Maria Moreno
Supervisor	Shirley Brown

<sup>\*</sup>For Engineering categories, return application and all supporting documents to the Public Works Department at 111 NW 1st Street, Suite 1510, Miami, FL 33128. For further information call (305) 375-2705.

#### **FILING DATE**

All licensing categories requiring an exam must be reviewed and approved by the Contractor Enforcement Section and the Construction Trades Qualifying Board prior to taking an exam. The completed application along with the supporting documents as required with the fee must be received at least thirty (30) calendar days before the next scheduled CTQB meeting. A notice will be sent to the applicant indicating the date, time and location of the requested examination at least 10 days prior to the next scheduled exam.



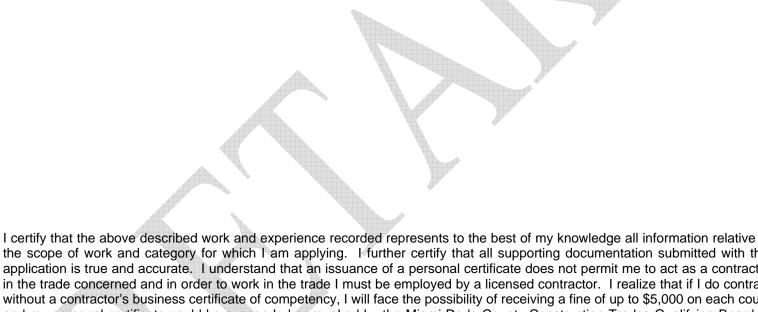
## **Construction Trades Qualifying Board**

BUILDING CODE COMPLIANCE OFFICE 140 West Flagler Street, Suite 1603 Miami, FL 33130-1563

# SECTION A: to be filled out by individual that is filing for a PERSONAL CERTIFICATION

PLEASE TYPE OR PRINT (must be legible). An answer must be provided for each question. If a question does not apply indicate "N/A". For retakes, complete 1 through 8. Trade and category applying for \_\_\_\_\_ If exam category, provide exam date \_\_\_\_\_ Last 4 Digits of Social Security No. XXX-XX-1. Phone: Home \_\_\_\_\_\_ Work \_\_\_\_\_ Pager or Cellular \_\_\_\_ Email Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_ Driver's License No. \_\_\_\_\_\_ Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age Yrs. as Journeyman: Number of years working in trade applied for:

Yrs. as a Trainee: 2. 3. If applying for a MASTER examination and the prerequisite is a Miami-Dade County Journeyman certification, when did you pass the Journeyman examination? Have you previously taken an examination in Miami-Dade County in the category you are now applying for? Yes \_\_\_\_\_ No \_\_\_\_ Were you previously denied in Miami-Dade County to take an examination? If yes, in which category and for which exam date? 5. Exam date As a condition of this application, you will be responsible for becoming familiar with and abiding by the requirements of Chapter 10 of the Code of Miami-Dade County. Have you read Chapter 10 of the Code of Miami-Dade County? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you hold a certificate/license in any of the construction trades issued by <u>any</u> county or state board? Yes \_\_\_\_\_ No 7. If yes, attach copy. Part B Part A Part A & B SPANISH TRADE EXPERIENCE 8. List below your complete trade experience related to the category for which you are applying. Be accurate and detailed since this information will be verified. If additional space is needed please use back of this page. (CURRENT EMPLOYER) **DATE** FROM: Month/Yr. | TO: Month/Yr. Company Street City State Zip In what capacity did you work, or what did you do?



I certify that the above described work and experience recorded represents to the best of my knowledge all information relative to the scope of work and category for which I am applying. I further certify that all supporting documentation submitted with this application is true and accurate. I understand that an issuance of a personal certificate does not permit me to act as a contractor in the trade concerned and in order to work in the trade I must be employed by a licensed contractor. I realize that if I do contract without a contractor's business certificate of competency, I will face the possibility of receiving a fine of up to \$5,000 on each count and my personal certificate could be suspended or revoked by the Miami-Dade County Construction Trades Qualifying Board. I understand that refunds may be granted only for exam categories under specific circumstances outlined in Section 10-23 of the Code of Miami-Dade County and include a non-refundable process fee of \$80.

STATE OF		X Applicant's Signature
	The foregoing instrument was acknowledged before me this	day of ,
20 , by _	•	, who is personally known to me or who has
produced a _	as identific	cation and who did / did not take an oath.
	NOTARY PUBLIC	